

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101586016

FILING DATE

CLAIMS

	AS FILED		AFTER		AFTER	
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		5				
4		8				
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TOTAL IND.	1					
TOTAL DEP.	6					
TOTAL CLAIMS	7					

	AS FILED		AFTER		AFTER	
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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